

CASE OWNER:

CC3, QW 1800 8866, Hja3sr

LKK:
IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE

ASSIGNMENT



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II : \$:

D.O.A:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$:

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

\$:

Loss of Rental (LOR):

\$:

(

days)

Loss of Use (LOU):

\$:

(\$

x

days)

Loss of Income (LOI):

\$:

(\$

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

\$:

Medical:

\$:

Disbursement:

\$:

(e.g. Tow/ Independent)

Legal Cost

\$:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

\$:

Global Sum \$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$:

Name 1:

Payee 2: (Strike if N.A.)

\$:

Name 2:

Payee 3: (Strike if N.A.)

\$:

Name 3:

CODE WILL BUY
OUR REPORT

COMPLAINT




LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
AIG ASIA PACIFIC INSURANCE PTE LTD		Ref : CC3/LCR18008866/K1ja3		
78 SHENTON WAY #08-16 CHARTIS BUILDINGS SINGAPORE 079120		Date : 15-05-2018		
		Code : LCR		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJX 5877J	Veh. Inspected	SHC 3082H	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	15/05/2018	
2. Vehicle Particulars & Condition				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
4. Description of Damages				
5. General Information				
Accident Date	11/05/2018	Inspection Date	14/05/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305159435

Date : 15/05/2018

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHC3082H

Date of Accident : 11/05/18

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: AIG SJX5877J
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges ###
 - Total for Part-By-Part Repair Cost**
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$850.00
Final Lumpsum Repair cost

3. Estimated normal period for repairs: 2 working days

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Kalvin

Date : 16/5/18

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 3082H

DATE 14/5/2018 10:07

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>X repair</i>			\$ 603.60	
	Rear Door (RH) <i>X repair</i>			\$ 1,351.10	
	Rear Wheel Hub-Cap (RH) <i>603.60</i>			\$ 150.70	
	SUB TOTAL			\$ 2,105.40	
	LESS 20%			\$ 421.08	
	DISCOUNTED TOTAL			\$ 1,684.32	
	Rear Bumper Rubber Mat <i>X 11</i>			\$ 50.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (RH) <i>80.00</i>			\$ 80.00	Nett
				\$ 130.00	
	Labour Charge			<i>300</i>	
	Panel Beating			\$ 560.00	
	Spray Painting Charge			\$ 600.00	<i>540</i>
	Wiring Charge			\$ 50.00	<i>X 11</i>
	Tuff Kote			\$ 50.00	<i>X 11</i>
	Remove/Refix Reverse Sensor			\$ 120.00	<i>X 11</i>
	Transfer of Door			\$ 120.00	<i>X 11</i>
	Rear Wheel Alignment			\$ 120.00	<i>X 11</i>
	TOTAL LABOUR			\$ 1,620.00	
	ESTIMATE TOTAL			\$ 3,434.32	
	<i>Kalvin CLKH</i>				
	<i>14/5/18 1100h</i>				
	<i>2 Rys</i>				
	<i>4/5</i>				
	<i>After Repair p Lth</i>				
	<div> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged part/s during resurvey • Parts prices are subject to confirmation • Third party survey done on "Without Prejudice" basis • No illegal modification is allowed • Supplementary items must be surveyed and is subject to final survey by the insurance company <p>Acknowledged by Repairer:</p> <p>Signature: <i>[Signature]</i></p> <p>Date: <i>[Date]</i></p> </div>				
	This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				

View Received Message

This mail is associated with :

***SHC3082H (3968134652SG)
[SJX5877J]**

TP

COMFORT TRANSPORTATION PTE LTD
May 11 2018 8:00PM

ComfortDelGro Engineering Pte Ltd

Reply	Reply All	Mark as Unread	Print Message	Delete Message	Forward
-------	-----------	----------------	---------------	----------------	---------

From AIG Asia Pacific Insurance Pte. Ltd. (AIG_SG), sent on 16/05/2018 14:28 PM.

To LKK_HQ

Subject No OI GIA Report

Hi

Pls be advice that no OI GIA report received
Pls find OI details below for your further actions

OI name : LCRF Pte Ltd

Address:
60 Anson Road
#11-01 Mapletree Anson
Singapore 077914

Office :(+65) 31584255
Thank you.

Regards,
Aashween.

DOCUMENTS SUMMARY

There are no documents.

Date/Time: 12.05.2018 12:19

Page: 1

A member of COMFORTDELGRO

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3823944

JC NO.: 305159435

CUSTOMER
COMFORT TRANSPORTATION PTE LTD
MS 7010045
CUSTOMER NO 383 SIN MING DRIVE
ADDRESS Singapore SINGAPORE 575717
65508755

(R) (O)
(P)

COUNT CARD NO.

REGN SHC3082H	MILEAGE
MAKE HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	12.05.2018 09:50
YR OF 03.2014	TARGET DATE
CHASSIS K00LB41UMEU052940	COMPLETION DATE/TIME:

Accident Date: 11.05.2018
NATURE: 3P 11.05.18/B-

JOB DESCRIPTION

AIG

3/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

3:
o.: SHC3082H JU AIG
ile No.:

Vehicle No.: SHC3082H

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 3082H

DATE 14/5/2018 10:07

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>X Rep</i>			\$ 603.60	
	Rear Door (RH) <i>X Rep</i>			\$ 1,351.10	
	Rear Wheel Hup-Cap (RH) <i>/</i>			\$ 150.70	
	SUB TOTAL			\$ 2,105.40	
	LESS 20%			\$ 421.08	
	DISCOUNTED TOTAL			\$ 1,684.32	
	Rear Bumper Rubber Mat <i>X</i>			\$ 50.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (RH) <i>/</i>			\$ 80.00	Nett
				\$ 130.00	
	Labour Charge				
	Panel Beating			\$ 560.00 <i>300</i>	
	Spray Painting Charge			\$ 600.00 <i>540</i>	
	Wiring Charge			\$ 50.00 <i>X</i>	
	Tuff Kote			\$ 50.00 <i>X</i>	
	Remove/Refix Reverse Sensor			\$ 120.00 <i>X</i>	
	Transfer of Door			\$ 120.00 <i>X</i>	
	Rear Wheel Alignment			\$ 120.00 <i>X</i>	
	TOTAL LABOUR			\$ 1,620.00	
	ESTIMATE TOTAL			\$ 3,434.32	
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 40%;"> <p><i>Kalvin LKK</i></p> <p><i>14/5/18 1100h</i></p> <p><i>2 Rys</i></p> <p><i>4/5</i></p> <p><i>After Repair p Lh</i></p> </div> <div style="width: 50%; border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p> </div> </div>					
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.					

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	12/05/2018 11:44
Date Of Accident	11/05/2018 20:45
Exact Location Of Accident	GEYLANG RD TWDS KALLANG RD (AFTER LOR 27 A)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3082H
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	TAN CHENG KEK
NRIC No	S0020836A
Date Of Birth	02/09/1952
Occupation	OUTDOOR
Date Of Driving Pass	10/07/1976
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82779260
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 333D YISHUN STREET 31 #08-153
Postcode	764333
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX5877J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	90703334
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	LEFT FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO REG NO. 199303821R

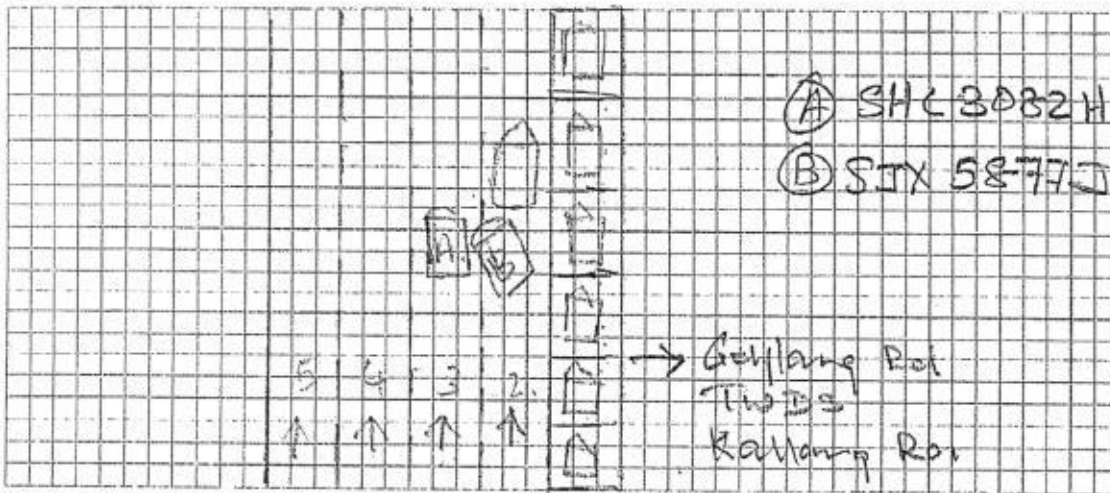
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:

12/5/18
Jackson Ho
CSO
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/5/2018 at about 2045 hrs, I vehicle A was driving along geylang road toward kallang road.

As I was on the third lane going straight. On the second lane there was a van who stop his vehicle followed by vehicle B. Then vehicle B swang out to left lane and collided onto my taxi right rear portion. No one was injured at that time.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO REG. NO. 19930321R

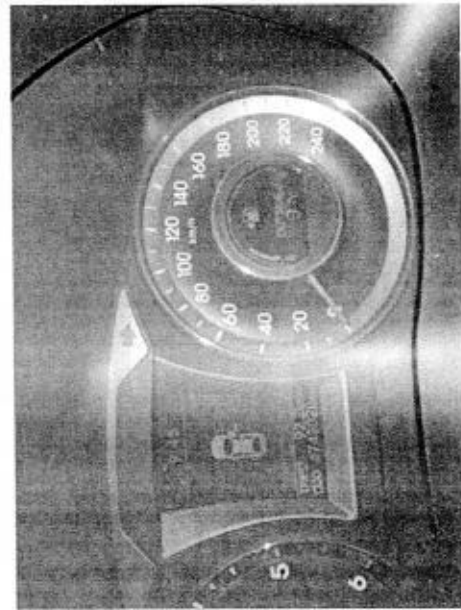
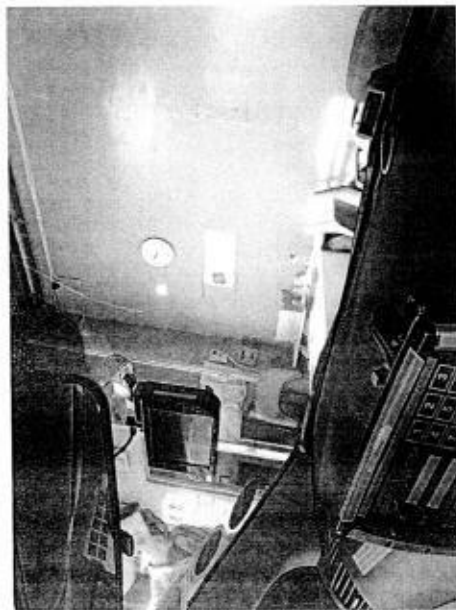
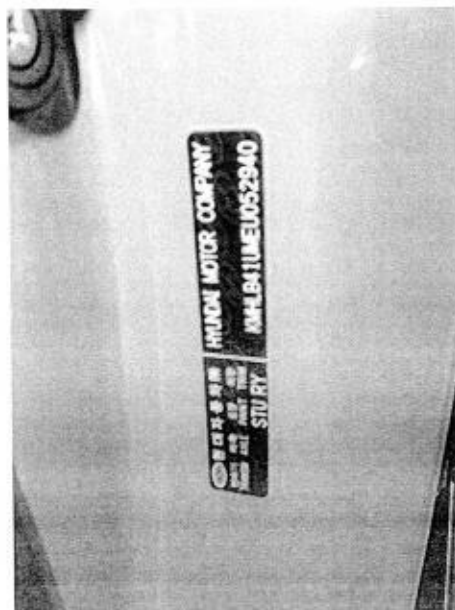
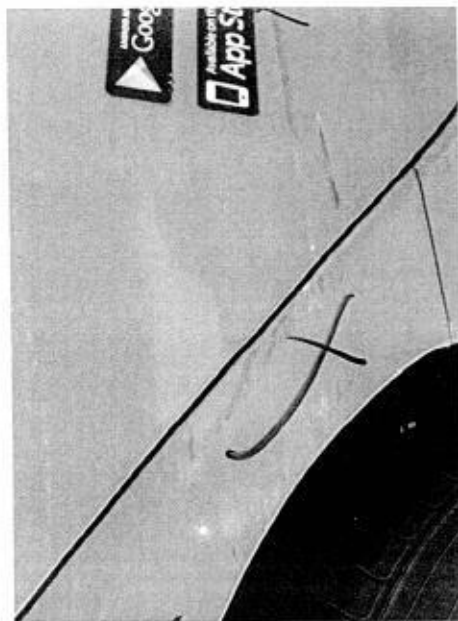
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

61616161 SketchPlanForm_V3

12/5/18
Jackson Heng
CSO






**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
COMFORTDELGRO ENGINEERING PTE LTD		Ref : CC3/QW18008866/K1ja3s2	
59 LOYANG DRIVE SINGAPORE 508969		Date : 29-05-2019	
		Code : QW007	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	Veh. Inspected		SHC 3082H
Policy No.	Coverage (\$)		0.00
Claim No.	Excess (\$)		0.00
Assign From	Assign Date		14/05/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU052940	Colour	BLUE
Odometer	474302	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60R16	WEST LAKE	7 mm
L/H Front Tyre	205/60R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60R16	WEST LAKE	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	11/05/2018	Inspection Date	14/05/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.			
B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.: 1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 3082H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR SEE LABOUR	603.60	-
1	REAR DOOR (RH)	TO REPAIR SEE LABOUR	1,351.10	-
1	REAR WHEEL HUP-CAP (RH)	GRAZED	150.70	150.70
	LESS 20% DISCOUNT		-421.08	-30.14
			1,684.32	120.56
SPECIAL NETT ITEMS				
	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (SN)	NECESSARY	80.00	80.00
			130.00	80.00
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER AND REAR DOOR (RH).		560.00	300.00
	SPRAY PAINTING CHARGE.		600.00	540.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE / REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
	TRANSFER OF DOOR.	NOT NECESSARY	120.00	-
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,620.00	840.00
GRAND TOTAL			3,434.32	1,040.56
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				850.00

Report Ref No. CC3/QW18008866/K1ja3s2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.